

1 trained in receiving and dispensing medications, and
2 they are trained to prepare the drugs in accordance
3 with the manufacturer's instructions.

4 Q So this paragraph doesn't mention dilution
5 specifically, does it?

6 A No, it doesn't.

7 Q And you said the dilution occurs in
8 accordance with the manufacturer's instructions?

9 A Right. I'll say it's prepared. It's
10 prepared according to the manufacturer's
11 instructions.

12 Q According to the manufacturer's
13 instructions?

14 A Yeah.

15 Q And have you observed this dilution
16 occurring?

17 A Yes, I have observed it.

18 Q Have you conducted it yourself ever?

19 A No.

20 Q And is the amount of sterile water used
21 the same every time?

22 A It's done exactly according to the
23 instructions. That's what I've been assured of.

24 Q And who assures you?

25 A The team member that's preparing it when

1 I'm observing.

2 Q And who does the training for the team
3 member on how to dilute the chemicals, without
4 giving me any specific identifying information?

5 A We have a physician that trained our staff
6 on receiving and dispensing medications.

7 Q And is that physician a member of the
8 team?

9 A No.

10 Q And is that physician an employee of the
11 department of corrections?

12 A Yes.

13 Q And that person is licensed -- is it a
14 licensed physician?

15 A Yes, as far as I know.

16 Q Okay. Are you aware of what a surgical
17 dose of Sodium Thiopental is?

18 A No.

19 Q Have you ever discussed with anyone why 2
20 grams of Sodium Thiopental is used?

21 A I've never discussed why. I've discussed
22 the how.

23 Q And what do you mean by discussed how? Do
24 you mean by how it's delivered?

25 A Yes.

1 Q Okay. Do you know how to dilute sodium

2 Thiopental's effects wear off?

3 MS. TEWOLDE: Objection.

4 A No.

5 BY MR. BULSARA:

6 Q Mr. Parker, counsel may have an objection.

7 You should wait until counsel is finished.

8 MS. TEWOLDE: I apologize.

9 BY MR. BULSARA:

10 Q So you're probably going to answer the
11 question?

12 A I apologize.

13 Q No, no worries. I just want to make sure
14 counsel's objections are recorded by the reporter.

15 A I thought she was done, she paused. And I
16 was instructed to answer anyway.

17 MS. TEWOLDE: If I don't instruct you not
18 to answer, go ahead and answer.

19 BY MR. BULSARA:

20 Q Are you aware of the effects that 2 grams
21 of Sodium Thiopental have in the body?

22 MS. TEWOLDE: Objection. Clarification.
23 It's ambiguous.

24 BY MR. BULSARA:

25 Q You may answer to the extent that you can.

62

1 A I've not been trained on the effects of
2 the drug.

3 Q And you're not aware of what the effects
4 are?

5 A No, I'm not aware.

6 Q Penulon, this is the second drug in the
7 protocol, right?

8 A The second one that's submitted, yes.

9 Q And it's also called pancuronium bromide,
10 right?

11 A I have seen it written in part of the
12 procedure in that manner.

13 Q Okay.

14 A One of the attachments.

15 Q And do you know when this drug is
16 administered, whether the inmate is capable of
17 breathing on his or her own?

18 A That's beyond me.

19 Q Okay. Do you know if the person is -- the
20 inmate is paralyzed after this drug is administered?

21 A That's beyond me.

22 Q Okay. Do you know how quickly it takes
23 effect, whatever the effect may be?

24 A It seems as soon as the first chemical is
25 being injected, simultaneously, I hear snoring.

64

1 Q Does this showing end after the second
2 Q Is it administered?
3 A I don't remember that.
4 Q Okay. Is Pavulon similarly diluted?
5 A No. Not that I'm aware of. No, I've
6 never seen it diluted.
7 Q Okay. Do you know why Pavulon was chosen
8 as a drug in the protocol?
9 A I don't know why.
10 Q And have you had any conversations about
11 why it was chosen?
12 A I haven't had any conversations as to why
13 it was chosen.
14 Q Do you have any conversations as to how it
15 was chosen?
16 A I haven't had any conversations as to how
17 it was chosen.
18 Q Okay. Have you read any literature about
19 the drug?
20 A No.
21 Q Have you heard of a term called anesthesia
22 awareness?
23 A Come again, please?
24 Q It's a phenomenon where people are awake,
25 but they're paralyzed and surgery is occurring. And

1 It's an effect of Pavulon. Have you heard of this
2 phenomenon?
3 A I don't think the fact that it was
4 Pavulon. I'm not sure of what the drug was, but
5 I've had that conversation recently.
6 Q Who have you had that conversation with?
7 A With my personal physician.
8 Q So on a personal medical matter, you've
9 talked about this?
10 A Yes.
11 Q But in connection with your duties as team
12 leader or warden senior, are you aware of the
13 term -- have you become aware of this phenomenon?
14 A No, sir.
15 Q Okay. So you are not aware of whether the
16 department of corrections has consulted any experts
17 regarding preventing this phenomenon?
18 A No, sir. That's not -- that's beyond me.
19 Q And do you know why 60 milligrams is
20 chosen?
21 A We were given the protocol, and that's
22 what we've been following. I don't know why.
23 Q And your -- Potassium Chloride, that's the
24 third chemical, right?
25 A Yeah, that's correct.

1 Q Do you know what Potassium Chloride does?
2 A No, I know it's a lethal chemical.
3 Q So you don't know what it does if it's
4 placed on the skin?
5 A No.
6 Q And you don't know what it does if it's
7 simply injected into the body, but not into a vein?
8 A No.
9 Q And you never received any training about
10 the purposes of any of these three drugs?
11 A No.
12 Q So you're not aware of whether or not
13 Virginia considered any alternatives to these drugs?
14 A I wasn't part of that process.
15 Q Okay. Have you observed the effect of
16 Potassium Chloride on an inmate?
17 A I observed the execution.
18 Q Okay. And you're not aware of why 240
19 milliequivalents is used, right?
20 A Excuse me?
21 Q Why 240 milliequivalents of Potassium
22 Chloride is used. Are you aware of why?
23 A I recall we were told to go from 120 to
24 240.
25 Q As you testified earlier, you don't know,

66

1 why it was changed --
2 A Not the why question. I don't know that.
3 Q And is Potassium Chloride diluted before
4 it's administered?
5 A Not to my knowledge.
6 MR. BULSARA: I think this exhibit was
7 marked for the Hinde deposition, but I'd like
8 to mark this as, I believe, Parker 3. These
9 are the package inserts.
10 (Document marked for identification
11 purposes as Parker Exhibit 3.)
12 BY MR. BULSARA:
13 Q Mr. Parker, these were provided to
14 plaintiffs by counsel. And they are the inserts
15 that accompany the three drugs that we've just been
16 talking about.
17 Have you ever seen inserts like this
18 before for these three drugs?
19 A When I was talking with counsel, I saw
20 them in the package that I got to review.
21 Q But had you seen something like this
22 before you spoke with counsel?
23 A No, I had not.
24 Q So as a team leader, you've never seen --
25 sorry.

68

1 When you were execution team member, you
2 never saw these kinds of drug instructions?
3 A Personally, I did not see the
4 instructions.
5 Q And as warden senior, you've never seen
6 these drug instructions?
7 A Just when I was preparing for this case, I
8 saw them.
9 Q Okay. So outside of preparing for this
10 case, you have not seen them?
11 A Uh-huh.
12 Q So if you look at the first page, it says
13 in the column to the right, it says Thiopental/
14 Sodium for injection.
15 Do you see that?
16 A Yes.
17 Q And on the first column on the left, you
18 see it says, Calculations for various
19 concentrations?
20 A Yes.
21 Q You're not aware of which concentration
22 has been chosen for the administration of this drug,
23 are you?
24 A No.
25 Q Okay. If you looked in the -- can you

66

1 ...
2 Q And you don't have any specific medical
3 training, right?
4 A No.
5 Q And you've never seen the instructions of
6 that --
7 A Correct. Not until --
8 Q Not until you met with counsel, right?
9 A Uh-huh.
10 Q Is there a specific team member, without
11 giving the identifying information, who is
12 knowledgeable about these kinds of instructions and
13 how they're carried out?
14 MS. TEWOLDE: I'm going to object to that
15 because you've already asked, and he's told you
16 it's someone who's medically trained according
17 to the DOP who's assuring that the drugs are
18 being mixed and prepared according to the
19 manufacturer's rules.
20 BY MR. BULSARA:
21 Q You may answer.
22 A Yes, we have a team member trained to
23 prepare the drugs according to the manufacturer's
24 instructions.
25 Q And these are the kind of manufacturer's

1 hold on for one second.
2 MR. BULSARA: Can we take a two-minute
3 break?
4 (A recess was taken.)
5 BY MR. BULSARA:
6 Q Mr. Parker, looking at Parker 3 again, do
7 you know which of these instructions are followed by
8 the execution team?
9 A Let me read it. You're talking about the
10 concentrations in the upper left-hand corner?
11 Q Yeah, the concentrations in the upper
12 left-hand corner.
13 A No, I don't.
14 Q Okay. Do you know who supervises the
15 carrying out of instructions like these?
16 MS. TEWOLDE: Objection in terms of the
17 team identity. If you could just specifically
18 focus on the title -- on the generality.
19 BY MR. BULSARA:
20 Q Without giving any specific identifying
21 information, do you know who supervises the carrying
22 out of instructions that -- like this packet?
23 A The team member that's responsible for
24 preparing.
25 Q And who supervises that person?

70

1 instructions that you're referring to?
2 A The instructions that come with the
3 chemicals from the pharmacy, is what they utilize.
4 Q And you've said that Potassium Chloride,
5 there was no dilution, right?
6 A As far as I know, yes.
7 Q Okay. If you could turn to page 232 of
8 this document. Do you see that? It says 232 in the
9 lower right-hand corner.
10 A I've got 232.
11 Q And do you see that it says, Potassium
12 Chloride, at the top?
13 A Yes.
14 Q It says, Concentrate must be diluted
15 before use?
16 A Yes.
17 Q And as far as you know, this has not been
18 followed out, right?
19 A I wasn't aware of that.
20 Q Okay. I didn't know if you finished. I
21 didn't mean to interrupt you.
22 A I wasn't aware.
23 Q From 1995 to 2000 when you were execution
24 team leader, you never saw Potassium Chloride
25 diluted, did you?

72

1 A I observed the person taking out the
2 chemicals. Specifically which one they were doing
3 at the time, I can't tell you what they were doing.
4 Q You can put this document away or give it
5 back to counsel -- it's the reporter's copy, sorry.
6 Do you know what pentobarbital is?
7 A I don't know exactly what that drug is.
8 But I believe when I was reading that, I thought I
9 saw it on that page, indicating pentathal.
10 Q But before looking at those instructions,
11 before today, have you heard of the drug,
12 pentobarbital?
13 A I believe I've heard of that word before.
14 Q Do you know what that drug is?
15 A I don't know exactly what it is, no.
16 Q Do you remember in what context you heard
17 that drug?
18 A Not the context, no. I've heard the word
19 before.
20 Q And do you remember when?
21 A No.
22 Q If you could look at the current protocol
23 again. And if you go towards the back, there is
24 something called the controlled chemical disposition
25 procedures. It looks like this. This document says

1 July 10, 1996, right?
2 A Yes.
3 Q And I believe we've -- counsel has
4 previously marked the version that's the current
5 version of these procedures. If you could stipulate
6 that that's what --
7 MS. TEWOLDE: Are you referring to this
8 document?
9 MR. BULSARA: Yes.
10 MS. TEWOLDE: Yes, it's been stipulated
11 and initialed.
12 BY MR. BULSARA:
13 Q Mr. Parker, do you know why these
14 controlled chemical disposition procedures were
15 revised from 1996 to 2005?
16 A From 2006 to 2006.
17 Q I'm sorry, from 1996 to 2005. You see the
18 one in DOP 426 is dated July 10, 1996. And the one
19 that's the current version is dated July 28, 2005.
20 Do you know why there was a change made to
21 those procedures?
22 A During the process of my revision of the
23 draft for that attachment to be sent to the
24 pharmacist for updating, by way of Mr. Alderman --
25 strike that, my operations officer.

1 Q I think I can help you.
2 A Operations officer.
3 Q But you're not aware specifically why --
4 A Why it was changed? I asked for it to be
5 updated.
6 Q How did you ask for it to be updated?
7 A I was concerned that the cost of drugs
8 were different, and when it came back, it was
9 updated. And there was also a -- I don't know if it
10 was specifically part of it, but it was some list of
11 names that had social security numbers of folks that
12 were no longer part of the process that needed to be
13 changed.
14 Q So you're looking at the current version
15 that has numbers at the bottom, 0000747?
16 A Yes.
17 Q And it goes through what number?
18 A 000081.
19 Q Okay. So with respect to that current
20 version, you said the changes related to the cost of
21 drugs?
22 A Was the reason why I went -- I sent it for
23 a revision, asked the pharmacist to revise it.
24 Q And also removing social security numbers
25 of individuals who no longer worked at the DOC?

74

1 A And there appeared to be another
2 attachment to the procedure, the one that had --
3 when I was looking, the ones that was authorized,
4 picked the chemicals up from the pharmacist and
5 delivered them to the facility.
6 Q So there was an attachment to this
7 document which is not currently part of --
8 A There's an attachment to the protocol that
9 was related to this.
10 Q Okay. If you could look at paragraph 6 of
11 the current version of this document, which says,
12 which is Bates number quadruple-075.
13 A Which page number is that?
14 Q It's 75, and it's paragraph 6.
15 A Okay.
16 Q You see in the middle, it says, Thiopental
17 sodium, 12 packages each containing 500 milligrams
18 and 20 milliliters of sterile water for a total of 6
19 grams?
20 A Uh-huh.
21 Q Do you know why 6 grams are dispensed, if
22 the dosage is only 2 grams?
23 A I don't think that's correct.
24 Q Okay. And how about for pancuronium
25 bromide? It says 15 vials each containing 10

75

1 MR. BULSARA: Whether the chief physician
2 is present? That was the question.

3 MS. TEWOLDE: I'm instructing him not to
4 answer because the document specifically
5 asserts who's present at that execution. And
6 to the extent that it identifies anyone within
7 DOC, whether it's the chief physician or any
8 other medical personnel, I instruct him not to
9 answer that question.

10 MR. BULSARA: The question is whether the
11 chief physician is present. I'm not asking for
12 the identity, the name, the title. I'm just
13 asking whether the physician is present.

14 MS. TEWOLDE: I still object because the
15 chief physician is the physician for DOC. I
16 mean, he's -- I don't understand --

17 We know for a fact that there's a chief
18 physician, so it is identifiable information.
19 And on that ground, I will object and also
20 instruct my client not to answer.

21 MR. BULSARA: Okay.

22 BY MR. BULSARA:

23 Q Mr. Parker, you can close DOP 426. Could
24 you describe the layout of the death chamber to me?

25 A It's a room that has observation windows.

1 It has an observation room. And it's a room with
2 curtains, and it's a room with three doors.

3 Q And how big is the room approximately?

4 A Unless I'm measuring a fish, my
5 measurements are way off.

6 Q Approximately.

7 A Approximately 25 by 30.

8 Q Okay. And you said there's an -- there
9 are three doors?

10 A Yes.

11 Q And what do those doors lead to? Do they
12 lead to the observation room?

13 A There's a door that leads into the
14 chamber. That will take you to a door inside of the
15 chamber, to the observation room. And that would be
16 the only door that's within the chamber. And then
17 there's a door where the condemn enters. And then
18 there's an exit door from the chamber that will lead
19 you eventually outside of the unit.

20 Q Who's in the observation room? Are those
21 the citizen witnesses?

22 A Yes.

23 Q And are members of the department of
24 corrections there also?

25 A Yes.

1 Q Okay. And once the execution process is
2 underway, that is to say once an I.V. has been
3 inserted, and certain people can see the inmate --
4 is that right?

5 A Yes.

6 Q And who are those people, without giving
7 me any identifying information as to name.

8 A Victim witnesses, official witnesses, the
9 director and his assistants, I.V. team members and
10 other members of the team.

11 Q Okay. And of those people that you've
12 just mentioned, who, if any, have specific medical
13 training?

14 A I.V. team members.

15 Q Are the I.V. team members licensed
16 physicians?

17 A No.

18 Q Is there anybody else with medical
19 training besides the I.V. team?

20 A Nobody that's part of the execution team
21 other than the I.V. members have medical training.
22 We have a physician that's inside of the chamber,
23 but that person is unable to view the condemned
24 during that process, while the chemicals are being
25 delivered.

58

100

1 Q Okay.

2 A And I don't know what training the
3 official witnesses or the victim witnesses would
4 have had, so I can't answer other than the I.V. team
5 members.

6 Q Are the I.V. team members, are they not
7 behind the curtain?

8 A Well, they're behind the curtain so that
9 the witnesses can't see the executioner or the I.V.
10 team and the other I.V. team members. But it's
11 designed -- the curtain is designed with a view
12 port.

13 Q Okay.

14 A And it's a tinted window, approximately
15 larger than this.

16 Q For the reporter, larger than an 8 1/2 by
17 11 piece of paper?

18 A Yes. And then there are two square
19 portholes that serve two purposes. The I.V. lines
20 and the leads go through them, but they also serve
21 as a visual to assess in visually observing the I.V.
22 lines.

23 Q So the I.V. lines go through those two
24 holes you described from behind the curtain to the
25 inmate?

1 A recess was taken.

2 BY MR. BULSARA:

3 Q Mr. Parker, how many people are on the

4 execution team?

5 MS. TEWOLDE: Objection, again security

6 grounds.

7 However, he can certainly give you a range.

8 BY MR. BULSARA:

9 Q Can you give me a range of people on the

10 execution team?

11 A Less than 20.

12 Q Can you tell me if that's more than ten?

13 MS. TEWOLDE: Objection again on security

14 grounds. I think he's answered that question.

15 MR. BULSARA: Are you instructing him not

16 to answer?

17 MS. TEWOLDE: I will leave it to him to

18 see if he can give you clarification of that

19 range.

20 BY MR. BULSARA:

21 Q You may answer.

22 A More than five, less than 20.

23 Q We've seen -- we've talked about the team

24 leader. Is that the same person as the OIC or what

25 we've been told is the officer in charge?

1 Is that the same individual?

2 A Yes.

3 Q And is there -- we've also seen reference

4 to something called the B team. What is that?

5 A The B team is the execution team.

6 Q Okay. Is that a subset of the larger

7 execution team? I guess I don't understand.

8 A There's only one execution team, and

9 that's the B team. You may have reference to the A

10 team. They're responsibilities are strictly to

11 provide supervision of the inmates.

12 Q Okay. So the B team refers to the

13 execution team?

14 A Yes.

15 Q Okay. How are individuals selected to be

16 on the execution team?

17 A Tough. You cannot apply. A person cannot

18 apply to be on the team. Someone on the team will

19 have to talk to the person that they think would be

20 suitable, capable, and dependable to be considered

21 for part of the team.

22 The individual that's recommended have to

23 be interviewed by the team and the team have to

24 become satisfied that that individual would be able

25 to maintain confidentiality of what they were asked

to do that they could do what would be asked of

them. It's up to the ultimate that anybody on

the State could ask someone to do and live

afterwards with themselves. More especially, be

able to go back and perform their duties outside of

being involved with the execution process.

And it's a sensitive, non-scientific

selection process because the team members really

don't know, but they try to get a feel if they would

fit in with them. Because they want to feel

comfortable that someone would be able to make it

and not hurt themselves, not hurt the team, and

understand that there is no pay for what they do.

It's just regular. It's a regular assignment. If

you consider it to be a regular assignment in that

you don't get anything extra.

You can't even mention it to anyone

outside of the team. For example, they're

specifically told on that process, if you were going

up for an interview, you can't say, Well, I'm on the

execution team for to help you get promoted.

Q You said there was an interview, is

that -- are those members also interviewed by the

warden or by you as warden senior?

A I'll get to that process.

130

1 Q Okay.

2 A After the individual have been interviewed

3 by the team, the team leader will make the

4 recommendation to the warden and the warden will

5 approve or disapprove the recommendation of the

6 team. And that's how it goes.

7 Q Okay. Does the warden have ultimate say

8 on whether the person can stay on the team or be put

9 on the team?

10 A Yes.

11 Q How long --

12 A With the exception it has to be the

13 recommendation of the team. If the team say no, the

14 warden won't override that.

15 Q Okay. And how long are they on the team

16 for? Is there a rotation process?

17 A There is no rotation process.

18 Q Okay.

19 A A person may leave the team, based on my

20 past experience, because they no longer work at the

21 facility or they chose to get off of it or for

22 personnel reasons.

23 Q Okay. And what do you mean by personnel

24 reasons?

25 A Personnel reasons meaning the person is no

132

BY MR. BULSARA:

Q So both occur during these once-a-month sessions?

A That's what's expected to occur, yes.

Q And these sessions, how long do they last these once-a-month sessions?

A They're scheduled for eight hours. They may not go eight hours, they may go over eight hours.

Normally when we have an execution scheduled, they will go over eight. And if it's not one scheduled, it probably won't go. It will go to eight or go less. I leave that up to the OIC to make that determination.

Q And --

A Normally they leave and go to some bonding.

Q Okay. Do you know what percentage or what portion of the training is devoted to electrocutions or what portion is devoted to lethal injection?

A That's hard for me to explain that to you, but I would do my best. It's a good question. It also depends on the individual team members.

If I may address the electrocution first and then go to lethal injection?

MS. TEWOLDE: On the understanding that electrocution is not relevant and that objection is still alive, you can continue.

A Every team member on the training day will not get experience on how to prepare a sponge or inspect a sponge. That's very critical that they understand -- they tell the difference between a sponge that came out of the sea or a manmade sponge. And then they have to know how to soak it, and inspect the helmet and the leg piece.

Members have to, in a practical exercise in an individual group, work on strap and escort techniques peacefully and unpeacefully. They work on quiet and discreet cell extractions. And that would not involve the whole team.

Q Mr. Parker, I'm interrupting you only because we're not allowed to find out the details of all of the electrocution training. It's not a part of the case.

But what I would like you to answer, if it's possible, is on average, if you know, of the eight hours monthly training how many hours are devoted to electrocution training and how many hours are devoted to lethal injection training?

A I can't give you that answer. It depends

157

on the individual team member and the satisfaction of the team OIC.

Q Are there times where the entire eight hours are devoted to electrocution training?

A No.

Q Are there times where it's divided equally?

A I can't say that it is.

Q Okay. So you don't know?

A I can't say that. I don't know the breakup at all. It depends on what the person is being worked on.

Q But at least some portion of the training is devoted to electrocutions?

A Some portion is devoted to both aspects of execution.

Q Mr. Parker, if you could look at page -- I know that the documents are sort of not -- do you need a break?

A I'm good.

Q If you look at page 100 of this training log, I think the number 100 is actually in the upper left, so.

A I'm there.

Q Do you see there's an entry for August 29,

158

2000?

A Yes, sir.

Q And one for August 30, 2000?

A Yes.

Q And then one for October 3, 2000?

A Yes.

Q There's not one for September, right?

A That's correct.

Q Does that mean there was no training in September?

A I couldn't say.

Q If there was any training in September, would it have been reflected in this log book?

A It should have been.

Q Okay. If you -- looking at October 8th again, it says -- and I don't know -- since you didn't write this entry, I don't know if you'll be able to tell us this, but it says, The team member in the -- it looks like muster room.

A Yes.

Q What is that room, or what is that referring to?

A That's an area within L unit where executions take place.

Q Okay. Is that different from the chamber

160